

INFORMATION AND REPORTING FORM

Name of Individual Requesting Accommodation:

Command and Duty Location of the Requesting Individual:

Name & Title of Decision-Maker:

1. Reasonable Accommodation (*check one*):

Approved

Denied

2. Date Accommodation Requested and Date Referred, *if applicable*:

3. Name & Position of Individual to Whom Request was Made:

4. Date Accommodation Approved or Denied:

5. Date Accommodation Provided:

6. If time frames outlined in the Reasonable Accommodation Procedures were not met, *please explain why*:

7. Job held or desired by individual requesting accommodation (*include occupational series, grade level and office*):

8. Accommodation Required for:

Application process

Performing job functions or accessing work environment

Accessing a benefit or privilege of employment (e.g., attending training, social event)

9. Type(s) of Accommodation Requested:

10. Type(s) of Accommodation Provided:

11. Was medical information required to process this request? *If yes, explain why*:

12. Cost, if any, of accommodation:

13. Sources of technical assistance, if any, consulted (Job Accommodation Network, family member, rehabilitation counselor, other):

Field People With Disability Program Manager (FPWDPM) Name and Title:

FPWDPM Signature:

Date: